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MENTAL HEALTH QUARTERLY
CHANGING MINDS
A Publication of the Massachusetts Department of Mental Health

GOVERNMENT DOCUMENTS COLLECTION
NOV 01 2001
University of Massachusetts Depository Copy

Volume I, No. 1 Autumn 2001

HEALTH AND WELLNESS

DMH Targets Healthy Living on Road to Recovery

When the Department of Mental Health released its 2001 Mortality Report earlier this year, the findings bolstered what many people with mental illness and their health care providers have long known from experience — those with mental illness are more likely to die at a younger age than their non-disabled counterparts.

The study, the first of its kind in the country, found disturbing trends in the mortality of people served by DMH in 1998 and 1999. The leading cause of death for DMH clients during that time was heart disease, with lung disease ranking third or fourth. While in general, death rates from these illnesses mirrored the general population of the Commonwealth, cardiac disease killed nearly seven times as many DMH clients in the 25 to 44 age group than in the general population. Suicide is also higher for that age group in the DMH population as well as in the 15 to 44 age bracket. Pulmonary disease is another culprit — higher levels of lung disease were found in DMH clients ages 25 to 64 than in the general population.

"The message is clear," said DMH Commissioner Marylou Sudders. "Not only do people with mental illness live under the cloud of stigma, they are living under a death sentence, they die younger and they die of diseases we don't expect people that age to have."

While the physical health of DMH clients has always been a concern, the latest findings have redoubled the Department's efforts to increase and maintain the physical and mental well being of the people it serves.

The new mantra is prevention, says Dr. Ken Duckworth, DMH Deputy Commissioner of Medical and Professional Services, and director of the 2001 Mortality Report.

"The mental illness field has been very focused on treating symptoms," Duckworth says, "and that is very important because the symptoms of serious mental illnesses can be so difficult and painful for people with the disease. But as we become more sensitive to the importance of supporting people's strengths in their recovery, we must as a system support ways to help people make good choices for their health and well being."

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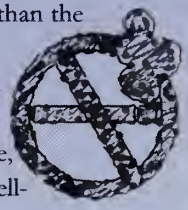
High hopes for DMH fall wellness conference



People with psychiatric disabilities die 10 to 15 years earlier than than the general population from heart disease, high blood pressure lung disease and diabetes — conditions that with the right interventions can be controlled. "Pathways to Wellness: Combating the Double Jeopardy of Medical and Mental Illness," a first-of-a-kind conference, is a response to the growing awareness of the physical health and wellness needs of Department of Mental Health consumers and the staff and care providers who serve them. Carol Hilton, wellness coordinator for the Department's Central Massachusetts Area, is among the new wave of mental health care providers who are aggressively approaching the general health and wellness of DMH clients in

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Welcome to The Mental Health Quarterly

As the Department begins a new fiscal year, we reaffirm our commitment to our agency's mission:

To improve the quality of life for adults with serious and persistent mental illness and for children with serious mental illness or severe emotional disturance.

Key to our success is a clear focus on the Department's public education efforts, whether it be through our robust Changing Minds Campaign, vigilance in the fight against the debilitating effects of stigma or simply providing timely and relevant information to help the public understand that mental illness is a disease, that it is treatable and that people can — and do — recover.

Indeed, the Department's first goal for fiscal year 2002 is to direct the Department of Mental Health in a manner that instills the public's confidence. This new **Mental Health Quarterly** is one way we plan to accomplish this goal. Readers may remember this quarterly publication as *The Changing Minds Bulletin* — yes, the name has changed, but the purpose remains. The **Quarterly** is one vehicle we will use four times a year to communicate the Department's activities. It is intended to look at issues pertinent to mental health and how the Department is addressing them. The **Quarterly's** content will be designed to cover broad areas of interest not only within the Department, but also throughout the mental health community. As before, research news will be covered in each issue and the Autumn edition brings a new regular feature to the Quarterly — "Human Rights In Action," written by the Department's Human Rights Director Carol O'Loughlin and Children's Human Rights Coordinator Bernadette Drum.

This inaugural issue as well as subsequent issues of the **Mental Health Quarterly** will be wrapped around a theme, focusing on one aspect of mental illness. This issue, the Autumn 2001 edition, targets health and wellness. Findings from the Department's 2001 Mortality Report resonated with the message that physical health should not be relegated to back burner among people with mental illness. The study, which found that people with mental illness were seven times more likely to die from heart attacks than the general population, is a compelling starting point for a discussion on wellness among our consumers.

In future issues, readers can look forward to learning about the Department's initiatives and efforts in children's mental health, PACT programs, employment, housing and many others. We hope you enjoy the new **Mental Health Quarterly.**

Marylou Sudders

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Executive Office of Health and Human Services
Department of Mental Health

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Ampakines...A New Approach for Treating Schizophrenia

Don Goff, M.D., associate professor of psychiatry at Harvard Medical School, and his collaborators in the Massachusetts General Hospital Schizophrenia Program located at the Erich Lindemann Mental Health Center in Boston have completed a small clinical trial of Ampakines with patients who were already taking the anti-psychotic medication clozapine.

"Ampakines are currently the most promising new therapeutic approach to the treatment of schizophrenia."
— Don Goff, M.D.

When clozapine (Clozaril) first became available in 1990, it represented the most important advance in the drug treatment of schizophrenia since the discovery of chlorpromazine (Thorazine) some 40 years ago. Several so-called "atypical" antipsychotics soon followed: clozapine: risperidone, olanzapine, quetiapine and ziprasidone. Although all have a less onerous side-effect profile than the original antipsychotics, little additional progress has been made in more than a decade in the treatment of schizophrenia. Of particular concern has been the lack of effective treatments for cognitive deficits (attention and memory) and negative symptoms (apathy and withdrawal), which are major obstacles to the recovery of social and occupational functioning.

With the goal of identifying more effective treatments through a better understanding of the illness, emphasis has recently focused on receptors in the brain different from the dopamine receptors targeted by the older medications. Findings of abnormal glutamate receptors in the brains of people with schizophrenia led researchers to the "Glutamate Model" of treatment.

In one such study, Goff enrolled 19 patients who receive mental health services at the Lindemann Mental Health Center for the first trial of Ampakines, a family of compounds that work on the glutamate receptors. Patients were maintained on their individual optimized dose of clozapine throughout the four-week trial. Some were randomized for placebo. None of the patients receiving the Ampakine, known as CX516, experienced significant side effects.

Goff reported that the patients taking CX516 had very large improvements in measures of attention, memory and cognition when compared to those taking the placebo. The addition of Ampakine to clozapine in a placebo-controlled trial was designed to examine safety and to determine the best dose for future studies.

The results of this study should be viewed as preliminary, since only 19 subjects participated. However, consistent with results from animal studies, the effects of the Ampakine persisted when subjects were re-examined two weeks after completing the study and at subsequent follow-ups, impressive improvements in negative symptoms continued.

Because this new class of pharmaceuticals increases the strength of signals at connections between brain cells, it may provide novel drug therapies for other neurological disorders, such as Alzheimer's disease and attention deficit disorders. As a result of the promising early findings of the effects of Ampakines in schizophrenia, Goff has received a special grant from the Stanley Foundation to conduct a large, multi-center trial of Ampakine added to clozapine. With recent funding from the National Institute of Health (NIH,) he also will be collaborating with Steve Johnson, Ph.D., on a study of Ampakine as an addition to olanzapine (Zyprexa.)

All this is good news for the 2.8 million Americans who suffer from schizophrenia. Further information about this research is available by calling 617-912-7836.

Surgeon General's Study: Disparate Care for Minorities

In a rare look at the mental health needs of minority populations, U.S. Surgeon General Dr. David Satcher released a broad-ranging report that found striking disparities in mental health care for racial and ethnic minorities across the nation.

As a supplement to the Surgeon General's 1999 report on mental health, it documents the divide on the level of care between whites and the most recognized racial and ethnic minority groups in the U.S. — African Americans, American Indians and Alaskan Natives, Asian Americans and Pacific Islanders and Hispanic Americans. The study found:

- Minorities have less access to and availability of mental health services.
- Minorities are less likely to receive needed mental health service.
- Minorities in treatment often receive a poorer quality of mental health care.
- Minorities are underrepresented in mental health research.

While more is known about the disparities than the reasons for them, clearly minority populations carry additional barriers for treatment such as language, mistrust of treatment, discrimination and cultural struggles. For a copy of Satcher's "Mental Health: Culture, Race and Ethnicity," call 1-800-789-2647 and request inventory number SMA-01-3613.

On the Cover

Wellness — continued from front page

The best example of how doctors can help their patients make healthy choices can be found in the troubling issue of medications and weight gain. Doctors should anticipate that weight gain is a standard side effect for the new anti-psychotics and work with the person to monitor and address it, says Duckworth.

"This sounds simple, but hasn't always been part of a symptom-oriented field," he added. "And by the same token, we have usually accepted that people with serious mental illness smoke without being assertive about understanding how different interventions can be tried for people who want to quit."

There is a dearth of research on the best ways toward smoking cessation, "and DMH is now funding research to find out which interventions help people cut down or quit," according to Duckworth.

"We can say the same thing for exercise," Duckworth explains. "We have become removed from the idea of therapeutic farms and working in the field. And while sitting and listening is an essential therapeutic skill, we need to recreate the expectation that movement is good for health and wellness. A recent study demonstrated that doctors' advice to exercise gets results — and we need to implant in our clinical mission a mindset of prevention for cardiovascular illness."

Among the DMH initiatives relative to health and wellness is a priority focus on nutrition, exercise and smoking cessation opportunities for consumers in all facilities and centers. This is accomplished through a network of wellness coordinators and wellness committees

As we become more sensitive to the importance of supporting people's strengths in their recovery, we must as a system support ways to help people make good choices for their health and well being.

Photos courtesy of David Weed

All in the Name of Good Health

Cultural diversity is integrated with health and wellness at the Corrigan Mental Health Center in Fall River. Above right, Kathy Taber (standing), a Native American therapist, conducts a healing ceremony for the CMHC staff as part of a health and wellness program. Below right is Suzie Bernard, an occupational therapist assistant student who is learning watercolor painting as part of a month-long wellness series entitled "Healthy Pleasures" held this spring.

WELLNESS CONFERENCE — FROM THE FRONT PAGE

a variety of ways. "For a long time, people have been concerned that the physical well-being of our consumers was not being addressed," Hilton says, "and at the same time we did not want our efforts to duplicate what was being done out in the community."

Thomas Horn, M.D., DMH Central Mass. Area medical director, established the Area's wellness committee last year, according to Hilton, gathering representatives from the Department's contracted providers and DMH staff and focusing increasing awareness for the physical health of consumers. "This conference is just one way we're doing that," Hilton says.

"Pathways to Wellness," jointly sponsored by DMH Central Mass. Area, UMass Medical School Department of Psychiatry & Office of Continuing Education and funded fully by an educational grant from Eli Lilly and Company, targets DMH consumers, staff and contracted providers. Scheduled for September 28 at the Westboro Wyndham Hotel, conference organizers planned for 300 attendees. Kenneth S. Duckworth, M.D., DMH Deputy Commissioner Clinical & Professional, Elaine Hill, DMH Central Mass. Area Director, and Horn, join numerous conference faculty members in what will likely be an annual event. The latest research on the physical health challenges relevant to individuals with serious mental illness as well as current approaches to effectively dealing with these challenges, such as smoking cessation in schizophrenia, lead the conference agenda.

Highlights of conference offerings: "Smoking in DMH: What Clients & Staff Have to Say;" "Healthcare Advocacy Skills," which discusses the issues around preparing a client for a physician visit; and "Major Mental Illness, Weight Gain and Glycemic Control: Where do we go from here?"

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operating across the Commonwealth. While DMH is developing new initiatives and opening new avenues for its clients' physical health needs, such as the "Pathways to Wellness," the first DMH-sponsored health conference in Westboro this fall, some of these are well established.

Since 1998, DMH Metro Suburban Area has operated the Smokeless Coalition in response to concerns about the high rate of smoking among the DMH population.

Led by chairwoman Mary Ellen Foti, M.D., Metro Suburban Area Medical Director, since March of 1998, the group has been meeting quarterly. About 37 people are active coalition members and include DMH staff, representative from the Department of Public Health and contracted providers. The group's work is coordinated by Eileen Weber, a member of the Department's Quality Management division in the Metro Suburban Area.

"Among the important things we've done," says Weber, "is to create smokeless environments in our residential programs and establish training programs for DMH staff on tobacco education."

In a survey of DMH clients, led by Foti, certain attitudes and perceptions regarding tobacco became evident: People served by DMH begin smoking earlier and smoke twice as many cigarettes as their non-disabled counterparts. And in further sharp contrast to the general population, the survey found that DMH clients are in the "precontemplative stage" when it comes to quitting, which means that they have no plans to stop smoking.

"What this means," Weber says, "is that our next efforts need to be focused on tobacco education. Before cessation can be approached, we need to educate our clients and get them prepared to get more out of the cessation services we provide."

In the Department's Southeastern Massachusetts Area, the Wellness Committee, under the direction of Area Medical Director David Klegon, M.D., has implemented a number of health initiatives in the Area's facilities. Recommendations for education related to the major risk factors of smoking, obesity and a sedentary lifestyle have been put into action in a number of ways. While wellness and health promotion are incorporated into staff orientation and training. DMH clients are provided a range of wellness opportunities ranging from regular walking groups, monthly brown bag lunches addressing nutrition, diabetes management and exercise among others. The Corrigan Mental Health Center in Fall River hosts its annual Wellness Month in April each year to bring special attention to health promotion and prevention for clients and staff and conducts dozens of wellness groups — Weight Watchers, aerobics, yoga, fitness walkers — operate regularly at Taunton State Hospital.

"These examples are just a fraction of the wellness initiatives relative to the physical well being of our consumers and how the Department is approaching this need," says Commissioner Sudders. "Our mission is very clear: Mental illness is a double burden and the Department is committed to eliminate the societal stigma that keeps people from receiving not only mental health services but also the necessary medical attention for their physical health and well being."

'VISIONS FOR TOMORROW' IS TODAY

It took three years of work, but collaborative efforts to bring a highly-regarded mental health educational program to Massachusetts is a clear success — "Visions for Tomorrow" courses began in more than a dozen communities this month.

Funded by the Department of Mental Health, "Visions for Tomorrow" is a family member-to-family member course made up of a series of workshops aimed for primary caregivers of children and teens with a psychiatric disorder. Sponsored by the state chapter of the National Alliance for the Mentally Ill (NAMI-Mass.) and the Parent Professional Advocacy League (PAL), having the curriculum available in the Commonwealth is a great coup, says Lisa Lambert, PAL assistant director. It also marks the first official collaboration between PAL and NAMI.

"We first heard about this program about three years ago when I took a psychoeducation program called "Family to Family" with Lois Pulliam of NAMI-Mass.," Lambert explained. "This was a program aimed at adults, not kids. But Lois told me about another program she attended — it was the "Visions" program — and we knew we wanted this in Massachusetts."

Originating in Texas by the NAMI chapter there, "Visions" was not meant to be exported, except to a few adjacent states, mainly because of compatibility concerns between the curriculum and other states' special education and juvenile justice law and regulations.

At the same time Lambert was placing calls to Texas NAMI, so was Ann Khudari of NAMI-Mass., "and we all eventually collaborated with Texas NAMI for permission to offer 'Visions' in Massachusetts," Lambert says. And with one important condition: that "Visions" teachers be direct care givers for young people under 25 whose onset of mental illness occurred in childhood or adolescence.

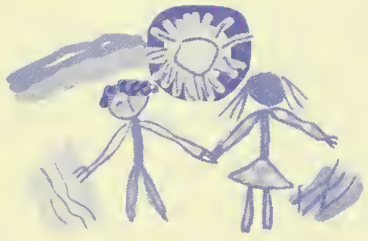
Training, partially funded by Worcester Communities of Care, is ongoing with high expectations for full classes. "In the three years this program has been offered in Texas," Lambert says, "a waiting list has grown to more than 500 for the course, which shows that the demand is intense."

Central to the "Visions for Tomorrow" curriculum is a balance of education and skills training focusing on self-care, emotional support and empowerment. Some of the diagnoses addressed during the course of 12-week program are ADD/ADHD, PDD/autism, Tourette's disorder, conduct disorder, bipolar disorder, depression, eating disorders, obsessive-compulsive disorder, schizophrenia, panic and anxiety disorder.

Unique among educational programs, teachers of the "Visions of Tomorrow" course are not mental health professionals — rather, they are experienced family members who know first-hand the rewards and challenges of raising a child with mental illness. "Visions for Tomorrow" offers primary caregivers of children with brain disorders the chance to share experiences and lessons learned, at the same time gaining new skills and knowledge through the educational material in each workshop. "In the past we've done a lot around support," Lambert says, "but this is the educational piece that's been missing."

The goals of "Visions for Tomorrow" are specific and include how caregivers can best communicate with their child's treatment team; how to cope with the day-to-day stresses of living with a child with mental illness as well as strategies for self-care; and how to deal with various agencies including the school system, the special education department and the judicial system.

The "Visions for Tomorrow" program began this fall in Cambridge, Framingham, Gloucester, Greenfield, Lexington, Lynn, Malden, Pepperell, Pittsfield, Quincy, Salem, Spencer and Worcester. A January 2002 start is set for Brockton and Haverhill.



A TYPICAL 12-WEEK "VISIONS FOR TOMORROW" WORKSHOP SCHEDULE

Workshop 1: Introduction/Brain Biology
Workshop 2: ADD/ADHD, PDD/Autism, Tourette's Conduct Disorders
Workshop 3: Bipolar, Depression and Eating Disorders
Workshop 4: Anxiety Disorders
Workshop 5: Early Onset Schizophrenia/Schizoaffective
Workshop 6: Empathy: Sharing Our Unique Life Experiences
Workshop 7: Organization of Data & Record Keeping/Communication Skills
Workshop 8: Coping, Self-Care
Workshop 9: Problem Management
Workshop 10: Rehabilitation, Recovery and Transition
Workshop 11: Advocacy, Stigma and Judicial System
Workshop 12: Celebration - PARTY!!!

Human Rights in Action

By Carol O'Loughlin and Bernadette Drum

This is the debut of a feature devoted to human rights in our newly revamped Mental Health Quarterly.

It is not, however, the debut of attention paid to human rights in Department of Mental Health facilities. From an historical perspective, in 1832, the Legislature authorized and appropriated $30,000 for the purchase of land in Worcester to build a hospital to accommodate "120 persons or lunatics furiously mad."

The trustees of the new hospital were obliged to report annually to the Legislature on the progress of the new institution and, in 1836, their annual report enumerated the rules of behavior of attendants to patients:

The attendants are to treat the inmates with respect and attention ... Under all circumstances, the patients must be treated kindly and affectionately, must be spoken to in a kind and gentle tone of voice, soothed and calmed when irritated, encouraged and cheered when melancholy and depressed. ...

If the attendant be provoked by insult and abusive language, he must keep cool, forbear to recriminate, to scold, or irritate; never lay violent hands on a patient, except in self-defense, to prevent his injuring himself or injuring others, and in no instance inflict a blow on a patient. He must maintain his authority by dignity of department, and never cower or suffer himself to be looked out of countenance. ...

The muffs, mittens, or wristbands are never to be put on unless by order of officers. ...

The attendants must never ridicule the patients, nor mock nor irritate them to wound their feelings; ...

While the language is antiquated, the principles are consistent with contemporary values, which emphasize respect for the dignity of the individuals we serve.

Patient's rights, the roles of the Human Rights Officers and Human Rights Committees within the Department of Mental Health were first established by Massachusetts regulation in 1983. These regulations articulated the human rights values and standards that guide all child, adolescent and adult facilities as well as programs that are operated, licensed and contracted by the Department. The Office of Human Rights was established in the Department of Mental Health to assist in overseeing the implementation of the new regulations.

DMH Directors of Human Rights are Bernadette Drum, who specializes in child and adolescent issues, and Carol O'Loughlin, whose primary focus is on adult issues. With responsibility for overseeing the Department's Human Rights system, Bernadette and Carol participate in policy and regulation development and large-scale projects related to ensuring that rights are integrated throughout the service system. Carol and Bernadette also provide guidance and support to Human Rights staff across the state.

The Office of Human Rights also promotes awareness and understanding of established human rights through training and policy development, facilitating collaboration among staff, children, adolescents, adults, family members, guardians and legal advocates through the statewide Human Rights Advisory Committee and other related committees.

How do we define human rights? The Five Fundamental Human Rights became law in Massachusetts in 1997. They include but are not limited to:

- *Reasonable access to a telephone to make and receive confidential telephone calls (not of a criminal nature)*
- *The ability to send and receive sealed, unopened, uncensored mail (if contraband is suspected, mail may be opened and inspected in front of the person, but not read)*
- *To receive visitors of such person's own choosing daily and in private at reasonable times*
- *A humane psychological and physical environment that provides privacy and security in resting, sleeping, dressing, bathing and personal hygiene, reading, writing and toileting*
- *To receive or refuse at any reasonable time visits and telephone calls from a client's attorney or legal advocate, physician, psychologist, clergy member or social worker, regardless of whether the person initiated or requested the visit or phone call*

DMH has a number of human rights initiatives underway and future articles will provide updates on these projects. Several of these are an outgrowth of recommendations made in a report by Clarence Sundram, a noted patients' rights attorney, who conducted a review of DMH inpatient units at the request of Commissioner Sudders. His report praised the overall climate of respect for human rights within DMH, while making some specific suggestions for improvement. One initiative includes expanding a "concerns" process, which would address certain types of grievances that do not meet the criteria for investigation under the current regulations.

Establishing a training curriculum for Human Rights Officers and others in all service settings with the goal of providing more frequent and in-depth training opportunities for staff across the state is also underway. The curriculum will be based on core competencies including negotiation skills.

Additionally, the Department has commissioned the production of a human rights video for children and adolescents that will be professionally produced under the direction of Express Yourself! and featuring DMH children and teens. The five-minute video will explain the rights of children and adolescents in "kid-friendly" language.

Readers can send their suggestions for topics for Human Rights in Action by e-mailing *bernadette.drum@dmh.state.ma.us* or *carol.oloughlin@dmh.state.ma.us*.

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